PART B - FEE(S) TRANSMITTAL

Complete and send this form, together witu applicable fee(s), to: Mall Complete and Send this form, together witu applicable fee(s), to: Mall Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

			or <u>Fax</u>	Alexandria, Virginia 22313-1450 (571)-273-2885			
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used correspondence included below or directed of	for transmitting the IS ling the Patent, advance therwise in Block I, by	SUE FEE and PUBLIC orders and notification (a) specifying a new c	ATION FEE (if requested of maintenance fees orrespondence address	aired). Blo will be ma	cks I through 5	should be completed where t correspondence address as sarate "FEE ADDRESS" for
CURRENT CORRESPONDS	NCE ADDRESS (Note: Use	Block 1 for any change of addres		Motes A and Process	,	o) moreumg a sep	MINE FEE ADDRESS" for
		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or temperature.					
31625		14/2006		and the state of t			
BAKER BOTT PATENT DEPA 98 SAN JACINT AUSTIN, TX 78	RTMENT O BLVD., SUITE		I hereby certify that this Feo(s) Transmitsolon I hereby certify that this Feo(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first tass mail in an envelope addressed to the Mail Stop ISSUB FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the data indicated below.				
			(Depositor's name)				
							(Signature)
APPLICATION NO.							(Date)
	FILING DATE		FIRST NAMED INVENT	OR	ATTORN	EY DOCKET NO.	CONFIRMATION NO.
10/722,954 11/26/2003			Erin M. Defosse				
TRANSPORT	SYSTEM, METHOD	AND APPARATUS FO	R VENDING MACHIN	E WIRELESS AUDI	AND CA	ASHLESS TRANS	9000 ACTION
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	Publication				
nonprovisional	NO	\$1400	PUBLICATION FEE DL \$300		FEE T	OTAL FEE(S) DUE	DATE DUE
EXAMIN	IER	ART UNIT				\$1700	12/14/2006
WILLETT, STEPHAN F 2142			CLASS-SUBCLASS	J			
1. Change of correspondent			709-200000				•
CFR 1.363). Change of correspon Address form PTO/SB/I		Por printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.					
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address' or more recent) attach	(2) the name of a single form (naving as a member a registered autoropy of general and the names of up to 2 registered patent attorned of general and on amount is a single form of the name of the name is a single form of the name of the name is a single form of the name of the					
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO DE PROPERT OU	nsted, no name will t	e printed.			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identi	fied below, no assignee letion of this form is NO	data will appear on the	ype) patent. If an assigned	is identif	ied below, the do-	cument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignce data will oppear on the patent. If an assignce is identified below, the document has been filed for (A) NAMB OF ASSIGNEE (B) RSSIGNEE (B) RSSIGNEC (CITY and STATE OR COUNTRY)							
Isochron, Inc. Austin, Texas **Please check the appropriate assignee category or categories (will not be printed on the patient): Individual Officerporation or other private group entity Government							
lease check the appropriate	assignee category or o	ategories (will not be pri	inted on the natent) . [Tradicional Tolo			_
	submitted:	4b	Payment of Fee(s): (Pl	are first and the	oration or	other private grou	p entity Government
Ssue Fee Publication Fee (No s	and the state of	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					
Advance Order - # of	Copies	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _50.2448_ (enclose an extra copy of this form).					
			overpayment, to Dep	y authorized to charge osit Account Number	the requir	ed fee(s), any defic	iency, or credit any extra copy of this form).
. Change in Entity Status a. Applicant claims St	AALL ENTITY statue	See 37 CEP 1 67	m				
OTE: The Issue Fee and Pu	blication Fee (if requi	red will not be accented	b. Applicant is no los	ger claiming SMALL	ENTITY :	status. See 37 CFR	1.27(g)(2).
OTE: The Issue Fee and Puterest as shown by the reco	rds of the Onelled State	Palent and Trademark (Office.	ne applicant; a registe	red attorne	y or agent; or the a	assignee or other party in
Authorized Signature Typed or printed name	Joseph P. I	ally		DateD	ecemb	per 4, 2006	
			Registration No. 38,947 is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) 1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and speeding upon the inglividual case. Any comments to				
application. Confidentiality completed applied	is required by 37 CFT y is governed by 35 U dication form to the U for reducing this burds	S.C. 122 and 37 CFR 1. SPTO. Time will vary d	is required to obtain or 14. This collection is es epending upon the indiv	etain a benefit by the imated to take 12 min idual case. Any comp	public which	ch is to file (and by	the USPTO to process)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.